

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

APPLICANT'S NO. **091856108** FILING DATE

AS FILED		AFTER THE AMENDMENT		AFTER THE AMENDMENT		CLAIMS	
NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.
1	1	1	1	1	1	51	
2	1	1	1	1	1	52	
3	1	1	1	1	1	53	
4	1	1	1	1	1	54	
5	1	1	1	1	1	55	
6	1	1	1	1	1	56	
7	1	1	1	1	1	57	
8	1	1	1	1	1	58	
9	1	1	1	1	1	59	
10	1	1	1	1	1	60	
11	1	1	1	1	1	61	
12	1	1	1	1	1	62	
13	1	1	1	1	1	63	
14	1	1	1	1	1	64	
15	1	1	1	1	1	65	
16	1	1	1	1	1	66	
17	1	1	1	1	1	67	
18	1	1	1	1	1	68	
19	1	1	1	1	1	69	
20	1	1	1	1	1	70	
21	1	1	1	1	1	71	
22	1	1	1	1	1	72	
23	1	1	1	1	1	73	
24	1	1	1	1	1	74	
25	1	1	1	1	1	75	
26	1	1	1	1	1	76	
27	1	1	1	1	1	77	
28	1	1	1	1	1	78	
29	1	1	1	1	1	79	
30	1	1	1	1	1	80	
31	1	1	1	1	1	81	
32	1	1	1	1	1	82	
33	1	1	1	1	1	83	
34	1	1	1	1	1	84	
35	1	1	1	1	1	85	
36	1	1	1	1	1	86	
37	1	1	1	1	1	87	
38	1	1	1	1	1	88	
39	1	1	1	1	1	89	
40	1	1	1	1	1	90	
41	1	1	1	1	1	91	
42	1	1	1	1	1	92	
43	1	1	1	1	1	93	
44	1	1	1	1	1	94	
45	1	1	1	1	1	95	
46	1	1	1	1	1	96	
47	1	1	1	1	1	97	
48	1	1	1	1	1	98	
49	1	1	1	1	1	99	
50	1	1	1	1	1	100	
TOTAL NO.	7	4	8	6	8	TOTAL NO.	
TOTAL DER.	54	26	24			TOTAL DER.	
TOTAL CLAIMS	41	30	30			TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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